

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573482

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4	1			1		
5	1		1			
6	1		1			
7	2	2		1		
8	2	2		1		
9	1	1		1		
10	1	1		1		
11	1	1		1		
12	1	1		1		
13	1		1			
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TOTAL IND.	2		2			
TOTAL DEP.	19	←	16	←		←
TOTAL CLAIMS	21		18			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			
TOTAL DEP.			←		↓	←
TOTAL CLAIMS			←		←	←